Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning	and	dending					
Вс	heck if oplicable	C Name of organization		<u> </u>	D Employer identific	ation number			
	Address change	GREATER WISCONSIN POLIT	rical FUND						
	Name change	Doing Business As			20-46	668584			
	Initial	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/sur					
	Termin- ated	PO BOX 861			608-4	467-0300			
	Amende return	City, town, or post office, state, and ZIP code)		G Gross receipts \$	7,754,631.			
	Applica- tion pending	I MADISON, WI 33701			H(a) Is this a group return				
	pending	F Name and address of principal officer MICI	HELLE MCGRORTY		for affiliates?	Yes No			
		PO BOX 861, MADISON, WI	53701) or X 5	H(b) Are all affiliates incl				
1 7	ax-exer	npt status 501(c)(3) 501(c)()· • WWW.GREATERWISCONSIN.O) 01 34	H(c) Group exemption	list (see instructions)			
		The state of the s		NCI Ye	ar of formation: 2006 M				
	rt II :	Summary							
Щ.	1 B	riefly describe the organization's mission or most	significant activities GREA	ATER W	ISCONSIN POL	ITICAL FUND			
Governance	I	S A SECTION 527 POLITICAL	L ORGANIZATION	THAT	ENGAGES IN PO	OLITICAL			
r	2 0	heck this box If the organization discor	itinued its operations or disp	osed of mo	ore than 25% of its net as	sets			
o.	3 N	umber of voting members of the governing body	(Part VI, line 1a)		3	0			
<u>ن</u> ھ	4 N	umber of independent voting members of the gov	erning body (Part VI, line 1b)	1	4	0			
Activities &	5 ⊺	otal number of individuals employed in calendar y	ear 2012 (Part V, line 2a)		5	0			
Ĭ	l	otal number of volunteers (estimate if necessary)			6	0.			
Act	l	otal unrelated business revenue from Part VIII, co	, ,,,		7a	0.			
	pν	et unrelated business taxable income from Form	990-1, line 34		Prior Year	Current Year			
	8 0	ontributions and grants (Part VIII, line 1h)			3,347,598.	7,666,337.			
Revenue	İ	rogram service revenue (Part VIII, line 2g)		0.	0.				
eve		ivestment income (Part VIII, column (A), lines 3, 4,		0.	184.				
ď	l	other revenue (Part VIII, column (A), lines 5, 6d, 8c	•		29,442.	88,110.			
	l .	otal revenue - add lines 8 through 11 (must equal			3,377,040.	7,754,631.			
-	13 0	irants and sımılar amounts paid (Part IX, column (A), lines 1-3)		480,000.	305,900.			
	14 E	enefits paid to or for members (Part IX, column (A), line 4)	Ĺ	0.	0.			
es		alaries, other compensation, employee benefits (f)	0.	0.			
Expenses		rofessional fundraising fees (Part IX, column (A), I		0.	0.				
Ä	1	otal fundraising expenses (Part IX, column (D), line	· · · · · · · · · · · · · · · · · · ·		2,715,926.	7,710,012.			
-	17 (other expenses (Part IX, column (A), lines 11a-11d	111-24e)		3,195,926.	8,015,912.			
	18 T 19 F	otal expenses Add lines 13-17 (must equal Part I. levenue less expenses Subtract line 18 from line	A, COMMINICAL ENGLISHING PROPERTY OF THE PROPE	2.0	181,114.	<261,281.>			
es		levertue less experises oubtract line to from line	1 1		Beginning of Current Year	End of Year			
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)	5 JUN 2 7 201	3 O	275,528.	14,247.			
Ass d Ba	21 T	otal liabilities (Part X, line 26)	0	(တ)	0.	0.			
Fer	22 N	let assets or fund balances Subtract line 21 from	line 20	<u></u>	275,528.	14,247.			
	art II	Signature Block	I OGNEIA' A	and the second s					
		ies of perjury, I declare that I have examined this return,				y knowledge and belief, it is			
true	. correct	and complete Acclaration of preparer (other than office	r) is based on all information of	which prepa	rer has any knowledge	1.0			
_		Signature of officer			Date Date	 13 			
Sig			ECTOR		34.5	•			
Her	e	Type or print name and title	BCTOR .						
		Print/Type preparer's name	Arebaer's signature		Date Check	PTIN			
Paid		VENDY R RICHARDS	Trabaler's signature Keche	ndo	6 17 13 Il self-employi	P00865789			
Pre	parer	Firm's name GODFREY & KAHN,	S.C.		Firm's EIN	39-1128206			
Use	Only	Firm's address 780 NORTH WATER							
			202-3590		Phone no (414)273-3500			
Ma	y the IR	S discuss this return with the preparer shown abo	ove? (see instructions)			X Yes No			

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$

4e_ Total program service expenses 7,710,012.

Part IV Checklist of Required Schedules

	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 109 If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	}]
	Schedule D, Parts XI and XII	12a	<u> </u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	ì	}	- V-
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	١		\ _v ,
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├ ^
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u></u>
		Form	1 990	(2012)

1 01111 330			
Part IV	Checklist of	f Required Schedules (continued)	

	1		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	·
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		l	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	ĺ		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l	1	Ì
	If "Yes," complete Schedule N, Part I	31	ļ	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		i	,,
	sections 301 7701-2 and 301.7701-39 If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		,,	
	Part V, line 1	34	X	177
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36	↓	-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1,7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197		\ v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	(0010)
		Form	990	(2012)

Form 990 (2012)_

Part V	Statements	Pegarding	Other IRS	Filings and	Tay Complia	nce
Laif A	Statements	negarung	Office ing	riiiigs anu	Tax Compile	IICC

	Check if Schedule O contains a response to any question in this Part V					닏
			l .		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	40			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	L			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming		Х	
_	(gambling) winnings to prize winners?	1		1c	Λ_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0			
	filed for the calendar year ending with or within the year covered by this return	_2a		0 -		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns to the second of t			2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	S)		3a		
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authoi	rity over a	35		
- 14	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		X
ь	If "Yes," enter the name of the foreign country:	40004	,			
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transc	action?	•	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		_
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?	_		6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	r gifts			
	were not tax deductible?			6b	X	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	uired			
	to file Form 8282?	1	1	7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d	L			
е.	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		·	7g		
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			7h		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.	any un	ie during the year.	<u> </u>		
a	Did the organization make any taxable distributions under section 4966?			9a		i
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter			<u> </u>	***	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			, ^**^	 **
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			27,	"" . 10°
11	Section 501(c)(12) organizations. Enter:]		
а	Gross income from members or shareholders	11a				,
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					ļ
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	ı			
	organization is licensed to issue qualified health plans	13b	 			٠.
C	Enter the amount of reserves on hand	13c	l	-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	h 0		14a		
Q	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ie U	 	14b	000	(2012)
				Form	コン	120 12)

Form 990 (2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year0					
	If there are material differences in voting rights among members of the governing body, or if the governing	.				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent 1b					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a		X		
b	Each committee with authority to act on behalf of the governing body?	8b		Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Х		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	*		٠,		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	in Schedule O how this was done	12c		v		
13	Did the organization have a written whistleblower policy?	13		X		
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v		
a	The organization's CEO, Executive Director, or top management official	15a		X		
D	Other officers or key employees of the organization	15b	-			
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х		
h	taxable entity during the year?	16a				
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
	exempt status with respect to such arrangements?	16h				
500	tion C. Disclosure	16b	L	L		
17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	availah	Je			
.5	for public inspection. Indicate how you made these available. Check all that apply	avallal	ne.			
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fina	ncial			
19	statements available to the public during the tax year	u iiriai	icidi			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🖿				
	MICHELLE MCGRORTY - 608-467-0300	uori 🕨				
	PO BOX 861, MADISON, WI 53701					
23200		Form	990	(2012)		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

(A)	(B)		organization compensat (C) Position					(D)	(E)	(F)
Name and Title	Average	I (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of
	week	\vdash	cer an	o a o	recio	irius	iee)	from	from related	other
	(list any	Individual trustee or director				\		the	organizations	compensation
	hours for	100	يو ا			ated		organization	(W-2/1099-MISC)	from the
	related	stee	ruste		۵	pens		(W 2/1099-MISC)		organization
	organizations	a tr	nal t) Oye	E 25				and related
	below	IAI	Institutional trustee	Officer	key emproyee	Highest compensated employee	Еогтег			organizations
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Form 990 (2012)

Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C	1					
(A)	(B)	(C) Position					(D)	1 1			(F)		
Name and title	Average		not c	heck	more	than		Reportable	Reportable			imated ount c	
	hours per week					is bot or/trus		compensation from	compensation from related	1		ount c other	ч
	(list any	į						the	organizations	,		ensat	ion
	hours for	Individual trustee or director				paj		organization	(W-2/1099 MIS	C)		m the	
	related	stee o	ustee			ensa		(W-2/1099-MISC)				ınızatı	
	organizations below	lal tru	onal tr	}	loyee	imos aa				1		relate nizatio	
	line)	dividi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ilzatic	113
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1b Sub-total						>		0.		0.			0.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)						<u> </u>		0.		0.			0.
2 Total number of individuals (including but r	not limited to th	nose	e liste	ed a	ıbov	e) w	ho r	eceived more than \$100	0,000 of reportabl	е			С
compensation from the organization												Yes	No
3 Did the organization list any former officer	director or tr	ieto	o ka	N/ 6	mol	0.700	or	highest compensated a	employee on	ſ			
line 1a? If "Yes," complete Schedule J for s			.c, it	Jy C	, i i pi	Oyce	, 0.	riigi lost compensates t	inployee en		3		X
4 For any individual listed on line 1a, is the s			omp	ens	atıo	n an	d ot	ther compensation from	the organization			1	
and related organizations greater than \$15										İ	4	İ	Х
5 Did any person listed on line 1a receive or	accrue compe	nsa	tion	fron	n an	y un	rela	ted organization or indiv	ridual for services			4	
rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	son					_ 5		X
Section B. Independent Contractors													
Complete this table for your five highest co										pens	ation f	rom	
the organization Report compensation for	the calendary	/ear	end	ıng '	with	or v	vithi		year				
(A) Name and business	address							(B) Description of:	services	С	(C omper	•	٦
THE CAMPAIGN GROUP INC								<u>'</u>			<u> </u>		
1600 LOCUST ST, RHIVA, PA 19103 COMMUNICATIONS/MEDIA								5	,51	3,2	68.		
THE NEW MEDIA FIRM INC													
1730 RHODE ISLAND AVE, W	ASHINGT	ON	,	DC	2	00	36	COMMUNICATIO	NS/MEDIA	1	,13	4,8	98.
MACK CROUNSE GROUP LLC									_				
2001 N BEAUREGARD ST, AL	EXANDRI	Α,	V.	<u> </u>	22	<u>31</u>	1	COMMUNICATIO	NS/MEDIA		41	9,2	86.
2 Total number of independent contractors	(including but i	not I	ımıte	ed to	o the	ose I	iste	d above) who received i	more than				
\$100,000 of compensation from the organ	_			. 	- 4111	3	•						
							_					_	

232008 12-10-12 Form **990** (2012)

Check if Schedule Q contains a response to any question in this Part VIII (A) Total revenue Total revenue Total revenue Total revenue Total revenue Total revenue Reven			•••	Chack if Schodule O contr	aine a reenonee t	o any duestion	in this Part VIII			
Total. Add lines to 11 a Federated carrogans b Membership cues 15 b Misser and another in misser and the second another in the seco					-		(A)	Related or exempt function	Unrelated business	from tax under
Business Code Business Code Business Code	Gifts, Grants lar Amounts		b c	Membership dues Fundraising events	1b	280,000.	1			
Business Code Business Code Business Code	ntributions, 1 Other Sim		f	All other contributions, gifts, grand similar amounts not included above	ts, and ve 1f 7,	386,337.		*	•	*
Business Code Business Code Business Code	a So		_				7,666,337.			
2 a b b c c d d d d d d d d d d d d d d d d			-		-				_	
Total. Add lines 2a.2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) f Net gain or (loss) b Less: cost or other basis and sales expenses c Gain or (loss) b Less: drect expenses c Net income or (loss) from fundraising events 9 a Gross income from fundraising events 9 a Gross income from gaming activities 10 a Gross seles of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from gales of inventory Miscellaneous Revenue 11 a REFUNDS b MTSCELLANEOUS DEPOSITS c All other revenue e Total. Add lines 11a-11d b 7,754,631,	.	2	2		İ		1			
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		12								
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Form 990 (2012) GREATER WISCO:
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must c	omplete column (A)	
	Check if Schedule O contains a respor		is Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		·	· 4""	
	organizations in the United States See Part IV, line 21	305,900.			
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			 	
10	Payroll taxes			 	
11	Fees for services (non-employees)	4,600.			
a	Management	4,000.			
b	Legal	12,500.	 -		
c	Accounting	12,500.			
d e	Lobbying Professional fundraising services. See Part IV, line 17			1	
f	Investment management fees			 	
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	10,000.			
12	Advertising and promotion				
13	Office expenses	2,394.			
14	Information technology	3,721.			
15	Royalties				
16	Occupancy	900.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		,		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	 -		 _	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		,	***	
а	COMMUNICATIONS	7,637,322.		1	
b					
С					
d					
е	All other expenses	38,575.			
25_	Total functional expenses. Add lines 1 through 24e	8,015,912.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	

Part X | Balance Sheet

Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 50,528. 14,247. 1 Cash non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Assets 225,000. Notes and loans receivable, net 7 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 275,528. 14,247. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 24). Complete Part X of Schedule D 25 <u>0.</u> Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 14,247. 275,528. 32 32 Retained earnings, endowment, accumulated income, or other funds 14,247. 275,528. 33 Total net assets or fund balances 275,528. 14,247. 34 Total liabilities and net assets/fund balances

Form 990 (2012)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizat	tions Complete Part III								
Nan	ne of organization			E	Employer identification number					
		WISCONSIN POLIT			20-4668584					
Pa	irt I-A Complete if the org	anization is exempt unde	er section 501(c)	or is a section 52	27 organization.					
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politica	al campaign activities i	n Part IV	►\$ 8,015,912.					
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).						
1	Enter the amount of any excise tax				▶ \$					
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955		▶ \$					
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720 f	or this year?		Yes No					
4a	Was a correction made?				Yes No					
	If "Yes," describe in Part IV.									
Pa	art I-C Complete if the org	janization is exempt unde	er section 501(c),	except section	501(c)(3).					
1	Enter the amount directly expended	d by the filing organization for sec	tion 527 exempt funct	ion activities	▶ \$					
2	2 Enter the amount of the filing organization's funds contributed to other organizations for section 527									
	exempt function activities \$									
3	3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,									
_	line 17b	4400 004 ())			Yes No					
4 5	Did the filing organization file Form Enter the names, addresses and en made payments For each organiza contributions received that were pr political action committee (PAC) If	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	from the filing organizes separate political organizes.	ation's funds Also en anization, such as a se	which the filing organization ter the amount of political					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds If none, ente	's contributions received and					
	-			 -						
				_						
For	Paperwork Reduction Act Notice,	see the Instructions for Form 9	90 or 990-EZ.	Schedu	lle C (Form 990 or 990-EZ) 2012					

LHA

232041 01-07-13

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2012 GREATER WISCONSIN POLITICAL FUND 20-466858 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For eac	ch "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	a)	((b)	
of the l	obbying activity	Yes	No	Ame	ount
1 [During the year, did the filing organization attempt to influence foreign, national, state or		,,, ° °	<u> </u>	
	ocal legislation, including any attempt to influence public opinion on a legislative matter		`		
c	or referendum, through the use of.	}	}	*** "	
a∨	olunteers?		ĺ		
b F	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d N	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?		<u> </u>		
	Grants to other organizations for lobbying purposes?			T	
	Direct contact with legislators, their staffs, government officials, or a legislative body?		 	<u> </u>	
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			 	
	Other activities?		\vdash	 	
	otal Add lines 1c through 1i		 	 	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		 	 	
	f "Yes," enter the amount of any tax incurred under section 4912	—	 	 	
	f "Yes," enter the amount of any tax incurred by organization managers under section 4912	, ']	-	
		 	 		
	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501/c	1(5) or	ection	
ı arı	501(c)(6).	0)1001101	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SCOTION	
				Yes	No
1 V	Vere substantially all (90% or more) dues received nondeductible by members?		1		
2 [Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	1	
1 [501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members		1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	tical	<u> </u>	+	
	expenses for which the section 527(f) tax was paid).	lioui	,		
	Current year		28	. [
	•		21	 	
	Carryover from last year Fotal		20		
			3	<u> </u>	
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	V0000	٦		
	f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4	+	-
Part	Taxable amount of lobbying and political expenditures (see instructions)				
		D			
and Pa	ete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, irt II-B, line 1 Also, complete this part for any additional information ECT AND INDIRECT POLITICAL ACTIVITIES INCLUDE MED	·	_	•	ŀA, IINE ∠
	ECT MAILINGS DISCUSSING PUBLIC ISSUES, PUBLIC OFF				
			<u>,</u>		
CHM	DIDATES FOR PUBLIC OFFICE.			·	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

criteria used to award the grants or assistance?

Part

Grants and Other Assistance to Organizations,

Open to Public OMB No 1545-0047

2 [] **Employer identification number** 20-4668584 Inspection X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990 recipient that received more than \$5,000. Part II can be displicated if additional space is needed GREATER WISCONSIN POLITICAL FUND Part I General Information on Grants and Assistance

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD ADVOCATES OF WISCONSIN POLITICAL FUND - 302 N JACKSON ST - MILWAUKEE, WI 53202	27-3225544	527	305,900	0	ЛЖА	!	INFLUENCE WI ELECTIONS
				r			
,							
							,
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				A

3 Enter total number of other organizations listed in the line 1 table.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule 1 (Form 990) (2012)

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (book, FMV, appraisal, other) Schedule I (Form 990) (2012) GREATER WISCONSIN POLITICAL FUND

Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed SCHEDULE I, PART I, LINE 2: THE ORGANIZATION PLANS TO TAKE OVERSIGHT STEPS (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recrpients AS NECESSARY FOR GRANT FUNDS. (a) Type of grant or assistance

Page 2

20-4668584

GREATER WISCONSIN POLITICAL FUND

Schedule I (Form 990) (2012)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Employer identification number Name of the organization 20-4668584 GREATER WISCONSIN POLITICAL FUND FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE: UNINCORPORATED FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ACTIVITIES RELATED TO WISCONSIN PUBLIC POLICY. FORM 990, PART VI: GREATER WISCONSIN POLITICAL FUND IS A SECTION 527 POLITICAL ORGANIZATION THAT IS A RELATED ENTITY AND SEGREGATED FUND OF GREATER WISCONSIN COMMITTEE INC. SEE SCHEDULE R. GREATER WISCONSIN POLITICAL FUND IS CONTROLLED AND MAINTAINED BY THE BOARD OF DIRECTORS OF THE GREATER WISCONSIN COMMITTEE INC. THE GREATER WISCONSIN POLITICAL FUND DOES NOT HAVE ITS OWN BOARD. DIRECTORS AND OFFICERS OF THE GREATER WISCONSIN COMMITTEE INC ANNUALLY DISCLOSE ANY POTENTIAL CONFLICTS AND PROVIDE SUCH DISCLOSURES TO THE DIRECTORS AND OFFICERS ALSO DISCLOSE SECRETARY OF THE ORGANIZATION. POTENTIAL CONFLICTS AS THEY ARISE BETWEEN THE MANDATORY ANNUAL DISCLOSURE. THE CONFLICT OF INTEREST POLICY OF THE GREATER WISCONSIN COMMITTEE INC INCLUDES ALL RELATED ORGANIZATIONS, INCLUDING THE GREATER WISCONSIN POLITICAL FUND. PLEASE SEE THE FORM 990 FOR THE GREATER WISCONSIN COMMITTEE INC FOR COMPENSATION PAID BY THAT ORGANIZATION TO ITS DIRECTORS AND OFFICERS. FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING THE FORM 990 FOR THE COMPLETED FORM WAS CIRCULATED AMONG THE BOARD OF THE GREATER LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 232211

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2012 Open to Bublic Inspection

OMB No 1545-0047

Schedule R (Form 990) 2012 (g) Section 512(b)(13) Employer identification number 20-4668584controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because of had one or more related tax-exempt organizations during the tax year) Direct controlling End-of-year assets e status (if section Public charity 501(c)(3)) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code ਉ section 501(C)(4) Î ▶ See separate instructions. 527 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) WISCONSIN WISCONSIN GREATER WISCONSIN POLITICAL FUND ▶ Attach to Form 990. Primary activity Primary activity POLITICAL ACTIVITY SOCIAL WELFARE For Paperwork Reduction Act Notice, see the Instructions for Form 990. - 20-0938084 Name, address, and EIN (if applicable) - 20-1513247 Name, address, and EIN GREATER WISCONSIN COMMITTEE INC of related organization of disregarded entity GREATER WISCONSIN PAC Name of the organization 53701 53701 Department of the Treasury Internal Revenue Service MADISON, WI MADISON, WI PO BOX 861 PO BOX 861 Part Part II

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20-4668584

Page 2

GREATER WISCONSIN POLITICAL FUND

Schedule R (Form 990) 2012

General or Percentage managing ownership Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Percentage ownership Identrification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Yes No Ξ Code V-UBI amount in box 7 20 of Schedule 1 K-1 (Form 1065) Share of end of-year assets ate allocations? Ŷ Disproportion-Ξ Yes Share of total Income Share of end-of-year assets <u>(a</u> Type of entity (C corp, S corp, or trust) e Share of total income Direct controlling entity (related, unrelated, excluded from tax under sections 512-514) ፱ Predominant income <u>e</u> Legal domicile (state or foreign country) ত Direct controlling entity ত্র Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV

Schedule R (Form 990) 2012

27

232162 12-10-12

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				>	Yes No	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed in I	Parts II-IV?	,	•	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				9	_ 	×
c Gift, grant, or capital contribution from related organization(s)				10	· `	×
d Loans or loan guarantees to or for related organization(s)				1d	X	
e Loans or loan guarantees by related organization(s)				1e		×
				% & .		
f Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				ŧ	-	×
 Exchange of assets with related organization(s) 				=		×
J Lease of facilities, equipment, or other assets to related organization(s)				-		×
				· 《, :		٠ >
K Lease of facilities, equipment, or other assets from related organization(s)				¥ ;	+	4 >
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			+	, >	4
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızation(s)			+	4 3	1
 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 	ion(s)		1 ,	+	4 :	1
 Sharing of paid employees with related organization(s) 				9	,	}
b Reimburcement hard to related organization(s) for expenses				÷	×	
				╁	╁	×
				2 ,	+	1
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				15		×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	is line, including covered rela	information on who must complete this line, including covered relationships and transaction thresholds			-
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1)						
ଧି						
				İ		
(3)						1
(4)						ł
(5)						1
(6)						
232163 12-10-12	28		Schedule R (Form 990) 2012	3 (Form	990) 2	0.12

20-4668584

Schedule R (Form 990) 2012 GREATER WISCONSIN POLITICAL FUND

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) rcentage vnership					!	Schedule 8 (Form 990) 2012
9 6	0	 	 	<u> </u>	_	
(j) eneral anagir artner	Yes		 			<u> </u>
-20	<u> </u>				-	
Code V-UBI General or Percentage amount in box 20 partner or Schedule K-1 partner	(Form 1065)					Coperation
(h) Dispropor tonate allocations?	Ves No	 	 <u> </u>			
Orsp	K es	 	 	· · · · · · · · · · · · · · · · · · ·		
(g) Share of end-of-year	assets					
	Income					
(e) Are all partners sec 501(c)(3) orgs ?	Yes No					
(d) Predominant income (related, unrelated, excluded from tax	under section 512-514)					
(c) Legal domicile (state or foreign	country)					
(b) Primary activity						
(a) (b) (c) (c) (d) (d) (d) (e) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e						

Form **8868**

(Rev January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension, compl	ete only Pa	ert I and check this box			$\rightarrow \overline{X}$
	are filing for an Additional (Not Automatic) 3-Month E			this form)		•
•			itic 3-month extension on a previous		m 8868	
<i>Do not d</i> Electro	complete Part II unless you have already been granted nic filing (e-file) . You can electronically file Form 8868 if					r a corporation
roguiros	to file Form 990-T), or an additional (not automatic) 3-m	onth extens	sion of time. You can electronically fi	le Form 88	368 to requ	est an extension
	o file any of the forms listed in Part I or Part II with the e					
	I Benefit Contracts, which must be sent to the IRS in pa					
			(see instructions) To more details	on the elec	trorne ming	or triio form,
	w irs gov/efile and click on e-file for Charities & Nonprofit Automatic 3-Month Extension of Tim		submit original (no copies nec	aded)		
Part.						
-	ration required to file Form 990-T and requesting an auto	omatic 6-mc	onth extension - check this box and	complete		
Part I or			7004 to 2004	t an auton	ouan af tima	
	corporations (including 1120-C filers), partnerships, REI come tax returns	viics, and ti	rusts must use Form 7004 to reques	it all exteri	SION OF UNITE	
				F		an number (CIN) or
Type or	Name of exempt organization or other filer, see instr	uctions		Employer	identificati	on number (EIN) or
print	ODEA MED MICOONGIN DOLUMICA	T DITTAT	D		20 46	68584
File by the	GREATER WISCONSIN POLITICA					
due date f		Social se	curity numb	er (SSN)		
filing your return See						
instruction	only, town or post office, state, and zir code i or a	foreign add	ress, see instructions			
	MADISON, WI 53701		<u> </u>			
Enter th	e Return code for the return that this application is for (f	ile a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	10-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720			09
Form 99	· · · · · · · · · · · · · · · · · · ·	04	Form 5227			10
	00-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	00-T (trust other than above)	06	Form 8870	-		12
	MICHELLE MCGRO				-	
• The	pooks are in the care of PO BOX 861 - N		N. WI 53701			
Tolor	phone No ► 608 - 467 - 0300		FAX No ▶			
	organization does not have an office or place of busine	ec in the Lli			-	
	s is for a Group Return, enter the organization's four digi			If this is fo	r the whole	group, check this
_			ach a list with the names and EINs o			•
box 🕨					ers the ext	21131011 13 101
1	request an automatic 3-month (6 months for a corporation ATCHER 15 2013				The extens	ion
_	<u> </u>	ipi organiza	ition return for the organization nam	eu abuve	THE EXICHS	1011
IS	for the organization's return for:					
	X calendar year 2012 or		La adra a			
•	tax year beginning	, ar	nd ending			
2 If	the tax year entered in line 1 is for less than 12 months,	cneck reas	son I Initial return I	Final retur	n	
Į	Change in accounting period					
						
3a If	this application is for Form 990 BL, 990-PF, 990-T, 4720), or 6069, e	enter the tentative tax, less any			^
_	onrefundable credits See instructions		·	3a	\$	0.
b If	this application is for Form 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and			_
<u>e</u>	stimated tax payments made. Include any prior year over	rpayment a	lllowed as a credit	3b	\$	0.
c B	alance due. Subtract line 3b from line 3a Include your	payment wi	th this form, if required,			
b	y using EFTPS (Electronic Federal Tax Payment System	<u>See ins</u> tru	uctions	3c	\$	0.
	n. If you are going to make an electronic fund withdrawa			orm 8879	EO for payı	ment instructions
LHA	For Privacy Act and Paperwork Reduction Act Notic					8868 (Rev 1 2013)

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